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Bib Data Sheet

CONFIRMATION NO. 1642

<b>SERIAL NUMBER</b> 09/752,594	<b>FILING DATE</b> 12/27/2000 <b>RULE</b> 1.47	<b>CLASS</b> 365 711	<b>GROUP ART UNIT</b> 2818 2187	<b>ATTORNEY DOCKET NO.</b> 42390P10071
<b>APPLICANTS</b> Terry L. Kendall, Diamond Springs, CA; Paul D. Ruby, Folsom, CA;				
<b>** CONTINUING DATA *****</b> NONE				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/21/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 24
Verified and Acknowledged Examiner's Signature  Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> George B. Leavell BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Seventh Floor 12400 Wilshire Boulevard Los Angeles, CA 90025-1026				
<b>TITLE</b> Enhanced special programming mode				
<b>FILING FEE RECEIVED</b> 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

Printed 08/21/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/752,594	12/27/2000 RULE 47	365	2818	42390P10071

APPLICANT  
TERRY L KENDALL, DIAMOND SPRINGS, CALIFORNIA; PAUL D RUBY, FOLSOM,  
CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\_\_\_\_\_

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\_\_\_\_\_

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

\_\_\_\_\_

FOREIGN FILING LICENSE GRANTED 02/21/2001

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____	CA	13	24	2
Examiner's Name Initials					

ADDRESS  
GEORGE B. LEAVELL  
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
SEVENTH FLOOR  
12400 WILSHIRE BOULEVARD  
LOS ANGELES , CA 90025-1026

TITLE  
ENHANCED SPECIAL PROGRAMMING MODE

<p>FILING FEE RECEIVED</p> <p>\$*****0</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:</p>	<p><input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit</p>
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